



# **Important Information**

## **Please Read Before Completing Enclosed Form**

This document will be scanned. Please help us to process your form quickly by following the direction below.

- ☐ Use only black ink.
- ☐ Write only within the green boxes and ovals.
- ☐ Write numbers clearly in block form. Do not insert commas between numerals.
- ☐ Fill in ovals completely. Do not use ✓ or X.
- ☐ Return only the original, no photocopies, Fax's, or duplicates of any kind.
- ☐ Do not mail attachments or cover sheets. You will be contacted if additional information is required.
- ☐ Comments are not necessary. You will be contacted if additional information is required.
- ☐ Avoid making stray marks such as check marks.
- ☐ Do not use staples on the form.
- ☐ Do not use time/date stamps or rubber stamps
- ☐ If wages are required in Section 5, be certain to provide wage data.

**Register now on [www.mass.gov/dua](http://www.mass.gov/dua) to complete and submit future forms on the web**

- ☐ Under Online Services click UI Online For Business

**For additional information, visit [www.mass.gov/dua](http://www.mass.gov/dua). Click on Business Services, then Employer Forms.**

- 1. Your DUA account number.** Please verify that it is correct. If needed, a corrected number can be entered in the boxes on the right side of this section.
- 2. Information on the person who filed the claim.** Check the pre-printed information on the claimant and complete the dates requested.
- 3. The claimant's employment status.** You need to fill in one reason. There is limited space for comments, with additional space on the reverse side of the form, if needed.
- 4. Payments other than wages.** There are four choices. Indicate any/all that apply to the claimant.
- 5. Wage information.** There are spaces for up to eight weeks of earnings. For unemployment insurance reporting, a week of employment starts on Sunday and ends on Saturday. In the spaces provided, please enter the eight calendar weeks for which the claimant had the highest earnings since the data pre-printed in this section.
- 6. Contact information.** Complete this section by providing information on the person who should be contacted for information on the claimant's separation from work. There is also a certification statement and a place for the name and signature of the person who completes the form.

IP 5 12456789 00E 031603 031003 002 0303201427&0001 11111111 1074 X

SEAL OF THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF REVENUE  
DIVISION OF UNEMPLOYMENT ASSISTANCE

P.O. BOX 9694  
Boston, MA 02114

Unemployment Insurance  
Request for Information

This form was mailed on March 19, 2003.

Due Date: March 31, 2003

Important!

To protect your rights to dispute this claim and any charges to your account that may result, and to receive a copy of the eligibility determination, this request must be completed in full and postmarked or filed by the due date indicated above.

Contact us at: ☎ (617) 626-5039  
for more information on completing this form.

ABC COMPUTER SYSTEMS INC.  
280 WORCESTER RD  
FRAMINGHAM, MA 01702

You can change your address online at: <http://www.dor.state.ma.gov/dorinfo/default.htm>.  
For assistance, call (617) 626-5040.

ONLY use Black or Blue Ink!

1. Verify your DUA Account number, 12-345678

Make any corrections here: [ ] - [ ] - [ ] - [ ] - [ ] - [ ]

2. This individual has reopened a claim for Unemployment Insurance benefits, naming you as a former employer.

Name: Jane Doe

Claim Effective Date: 03/18/03

Provide the start date

and last physical day at work

SSN: 111-11-1111

Claim File Date: 03/16/03

[ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] - [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ]

3. Read all of the statements carefully then fill in the one reason that best reflects the status of this claimant.

☐ Laid Off or Hours Reduced by Employer

☐ Induce recall date, if any

[ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ]

☐ Discharged

☐ Discharged for deliberate misconduct or violation of company rules or policy, including absenteeism or tardiness.

☐ Suspended for violation of occupancy rules or policy.

☐ Discharged or quit due to a conviction of a felony or misdemeanor.

☐ Released due to inability to meet performance standards.

☐ Discontinued or violation of company rules or policy.

☐ On strike or locked out

☐ On a leave of absence (Explain reason in comments)

☐ Reasonable assurance of reemployment (institutionally only)

☐ Still employed or on call

Comments (Optional): \_\_\_\_\_

4. At separation, did this individual receive or apply for any of these types of payments? (Fill in all that apply.)

☐

Vacation Pay?

☐

Retirement Benefits?

☐

Severance Pay?

→ ☒

Employee signed a release of claims  
requesting to receive all severance pay

5. Using Saturday week ending dates, specify 8 calendar weeks of claimant's highest earnings since 12/16/2001

Week ending on Saturday (date); and gross wages earned

1. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

2. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

3. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

4. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

Week ending on Saturday (date); and gross wages earned

5. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

6. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

7. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

8. [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ] [ S ] [ S ] [ S ] [ S ] [ S ] [ S ] . c c c

6. Contact Name for  
Separation Information:

Telephone:

( ) ( ) ( ) ( ) ( ) ( )

Ext:

( ) ( ) ( ) ( ) ( ) ( )

Fax:

( ) ( ) ( ) ( ) ( ) ( )

Employer Certification: These statements are true to the best of my knowledge and belief.

Form Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE